	• · · · · · · · · · · · · · · · · · · ·	PART R	- FEE(S)	TRANSMITTAL:			,
Complete and Tend	this form, together wi					· •	
OCT 0 3 2005 (P.O. Box 145 Alexandria, V	0		
				Fax (571) 273-288	5		
AND TRUCTIONS: Do for appropriete All Connected maintenance fee politication	orm should be used for train respondence including the below or directed otherwise ins.	nsmitting the ISSU Patent, advance ord e in Block 1, by (a)	E FEE and ders and noting specifying	PUBLICATION FEE (if ification of maintenance for a new correspondence add	required). Block ees will be maile lress; and/or (b)	s I through 5 ed to the curren indicating a sep	should be completed w t correspondence addres parate "FEE ADDRESS"
	CE ADDRESS (Note: Use Block 1 fo						for domestic mailings of for any other accompan
7	07/26/2005			papers. Each addi have its own certi	I. This certificate itional paper, suc ficate of mailing	cannot be used th as an assignm or transmission.	for any other accompannent or formal drawing,
Ladas & Parry 26 West 61st Stree	. / 10/04/2005 HG	UTEMA2 0000006	5 08764110) I hereby certify the	Certificate of M	Mailing or Tran	nsmission
Newy York, NY 1	0023 01 FC:1501		1400	I hereby certify the States Postal Serve of the transmitted to the	vice with sufficie Mail Stop (SSU USPTO (571) 27	nt postage for fi JE FEE addres 73-2885, on the	irst class mail in an enve s above, or being facsi date indicated below.
04/2005 HGUTEMA2 0000	00021 08764110 -			Cliff	ford/z	Mass	(Depositor's r
FC:1501	1400-00-0P						(Signa
FC:1504				Septe	mber 30	2005	(1
APPLICATION NO.	FILING DATE	1	FIRST NAME	D INVENTOR	ATTORNE	Y DOCKET NO.	CONFIRMATION NO
08/764,110	12/06/1996		YUHPYNO	G L. CHEN	4019	1197-9	4202
APRIN. TYPE SMALL ENTITY Sonprovisional NO		\$1400		PUBLICATION FEE	TOTAL		DATE DUE
Enprovisional	NO	\$1400	EE	\$0		51400	10/26/2005
	NO	\$1400 ART UNI					1
, EXAM				\$0			1
BERCH,	MINER	ART UNI	IT 2. For prir	\$0 CLASS-SUBCLASS 544-280000 nting on the patent front page	ge, list		1
BERCH, 1. Change of correspondence CFR 1.363).	MINER MARK L ce address or indication of "F	ART UNI 1624 Fee Address" (37	2. For prin (1) the na or agents (\$0 CLASS-SUBCLASS 544-280000 Inting on the patent front paymes of up to 3 registered OR, alternatively,	ge, list patent attorneys	1	10/26/2005
BERCH. 1. Change of correspondence CFR 1.363). Change of correspondence CFR 1.365	MINER MARK L	ART UNI 1624 Fee Address" (37 f Correspondence	2. For prin (1) the na or agents (2) the nar registered 2 registered	\$0 CLASS-SUBCLASS 544-280000 nting on the patent front page	ge, list patent attorneys	1	10/26/2005
BERCH, 1. Change of correspondence CFR 1.363). Change of correspondence CFR 1.363). The change of correspondence Address form PTO/SB/1 Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND	MINER MARK L ce address or indication of "F dence address (or Change of 22) attached. tion (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO E	ART UNI 1624 Fee Address" (37 f Correspondence eation form se of a Customer BE PRINTED ON T	2. For prir (1) the na or agents ((2) the na registered 2 registere listed, no (THE PATENT)	SO CLASS-SUBCLASS 544-280000 Inting on the patent front pay mes of up to 3 registered OR, alternatively, me of a single firm (having attorney or agent) and the ad patent attorneys or agent name will be printed. I (print or type)	ge, list patent attorneys g as a member a names of up to ts. If no name is	1	10/26/2005 5 & Parry LIJ
BERCH, 1. Change of correspondence CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND	MINER MARK L ce address or indication of "F dence address (or Change of 22) attached. tion (or "Fee Address" Indic or more recent) attached. Us	ART UNI 1624 Fee Address" (37 f Correspondence eation form se of a Customer BE PRINTED ON T	2. For prir (1) the na or agents ((2) the na registered 2 registere listed, no (THE PATENT)	SO CLASS-SUBCLASS 544-280000 Inting on the patent front pay mes of up to 3 registered OR, alternatively, me of a single firm (having attorney or agent) and the ad patent attorneys or agent name will be printed. I (print or type)	ge, list patent attorneys g as a member a names of up to ts. If no name is	1	10/26/2005 5 & Parry LLF
BERCH, 1. Change of correspondence CFR 1.363). Change of correspondence CFR 1.363). The change of correspondence Address form PTO/SB/1 Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND	MINER MARK L dence address or indication of "F dence address (or Change of 22) attached. attion (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO E s an assignee is identified b in 37 CFR 3.11. Completion	ART UNI 1624 Fee Address" (37 F Correspondence eation form se of a Customer BE PRINTED ON Toelow, no assignee coof this form is NOT	2. For prir (1) the na or agents ((2) the na registered 2 registered listed, no of HE PATENT data will app f a substitute	SO CLASS-SUBCLASS 544-280000 Inting on the patent front pay mes of up to 3 registered OR, alternatively, me of a single firm (having attorney or agent) and the ad patent attorneys or agent name will be printed. I (print or type)	ge, list patent attorneys g as a member a names of up to ts. If no name is	1	10/26/2005
BERCH, 1. Change of correspondence CFR 1.363). Change of correspondence CFR 1.363). The change of correspondence Address form PTO/SB/1 "Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth in	MINER MARK L de address or indication of "F dence address (or Change of 22) attached. tion (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO E s an assignee is identified b in 37 CFR 3.11. Completion	ART UNI 1624 Fee Address" (37 f Correspondence eation form se of a Customer BE PRINTED ON T selow, no assignee of of this form is NOT	2. For prir (1) the na or agents ((2) the na registered 2 registered listed, no of HE PATENT data will app f a substitute	SO CLASS-SUBCLASS 544-280000 Inting on the patent front paymes of up to 3 registered OR, alternatively, me of a single firm (having attorney or agent) and the depatent attorneys or agent name will be printed. I (print or type) Dear on the patent. If an a for filing an assignment. CE: (CITY and STATE OR	ge, list patent attorneys g as a member a names of up to ts. If no name is	1	10/26/2005 5 & Parry LLF
BERCH, 1. Change of correspondence CFR 1.363). Change of correspondence CFR 1.363). Change of correspondence CFR 1.363). "Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Pfizer, Inc.	MINER MARK L de address or indication of "F dence address (or Change of 22) attached. tion (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO E s an assignee is identified b in 37 CFR 3.11. Completion	ART UNI 1624 Fee Address" (37 f Correspondence eation form se of a Customer BE PRINTED ON Toelow, no assignee of of this form is NOT (B)	2. For prin (1) the na or agents ((2) the nairegistered 2 registered listed, no of HE PATENT data will app f a substitute) RESIDENC	SO CLASS-SUBCLASS 544-280000 Inting on the patent front paymes of up to 3 registered OR, alternatively, me of a single firm (having attorney or agent) and the depatent attorneys or agent name will be printed. If (print or type) Dear on the patent. If an a for filing an assignment. CE: (CITY and STATE OR	ge, list patent attorneys g as a member a names of up to ts. If no name is ssignee is identif	l	10/26/2005 5 & Parry LLF document has been file
BERCH, I. Change of correspondence CFR 1.363). Change of correspondence CFR 1.363). Change of correspondence CFR 1.363). "Fee Address" indicate PTO/SB/17; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNED Pfizer, Inc. Please check the appropriate 4a. The following fee(s) are	MINER MARK L ce address or indication of "F dence address (or Change of 22) attached. Ition (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO F s an assignee is identified b in 37 CFR 3.11. Completion IEE	ART UNI 1624 Fee Address" (37 F Correspondence eation form se of a Customer BE PRINTED ON Toelow, no assignee coof this form is NOT (B) Nories (will not be pri	2. For print (1) the nation or agents (2) the nation registered 2 registered 2 registered (3) THE PATENT data will app (5) a substitute (4) RESIDENCIEW YOT!	SO CLASS-SUBCLASS 544-280000 Inting on the patent front paymes of up to 3 registered OR, alternatively, me of a single firm (having attorney or agent) and the ded patent attorneys or agent and me will be printed. If (print or type) If (print or type)	ge, list patent attorneys g as a member a names of up to ts. If no name is ssignee is identif COUNTRY)	l	10/26/2005 5 & Parry LLF document has been file
BERCH, 1. Change of correspondence CFR 1.363). Change of correspondence CFR 1.363). Change of correspondence PTO/SB/17; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Pfizer, Inc. Please check the appropriate 4a. The following fee(s) are Issue Fee	MINER MARK L ce address or indication of "F dence address (or Change of 22) attached. Ition (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO E s an assignee is identified b in 37 CFR 3.11. Completion IEE e assignee category or categor e enclosed:	ART UNI 1624 Fee Address" (37 F Correspondence eation form se of a Customer BE PRINTED ON Toelow, no assignee coof this form is NOT (B) Nories (will not be pri	2. For print (1) the nation or agents (2) the nation registered 2 registered 2 registered that a will app f a substitute (1) RESIDENCIEW YOT!	SO CLASS-SUBCLASS 544-280000 Inting on the patent front paymes of up to 3 registered OR, alternatively, me of a single firm (having attorney or agent) and the depatent attorneys or agent hame will be printed. If (print or type) If (print or type) Interpolation of the fee(s) Individual Fee(s): In the amount of the fee(s)	ge, list patent attorneys g as a member a names of up to ts. If no name is ssignee is identification. COUNTRY) Corporation of is enclosed.	l2_Ladas 3fied below, the	10/26/2005 5 & Parry LLF document has been file
BERCH, 1. Change of correspondence CFR 1.363). Change of correspondence CFR 1.363). Change of correspondence CFR 1.363). "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth it (A) NAME OF ASSIGN Pfizer, Inc. Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No.	MINER MARK L The address or indication of "Formation (or "Fee Address" Indiction (or "Fee Address" Indiction (or more recent) attached. Use the properties of the properties	ART UNI 1624 Fee Address" (37 f Correspondence eation form se of a Customer BE PRINTED ON To selow, no assigned of this form is NOT (B) Notices (will not be printed)	2. For print (1) the nation or agents (2) the nation registered 2 registered (2) registered (3) registered (4) registered (4) results (4) results (4) results (4) results (4) results (4) results (5) results (6) results (6) results (6) results (6) results (7)	SO CLASS-SUBCLASS 544-280000 Inting on the patent front paymes of up to 3 registered OR, alternatively, me of a single firm (having attorney or agent) and the depatent attorneys or agent name will be printed. I (print or type) Dear on the patent. If an a for filing an assignment. CE: (CITY and STATE OR C, NY Deatent): Individual Fee(s): In the amount of the fee(s) By credit card. Form PTO-	ge, list patent attorneys g as a member a names of up to ts. If no name is ssignee is identification COUNTRY) Corporation of is enclosed.	I2 Ladas 3 fied below, the	10/26/2005 5 & Parry LLF document has been file
BERCH, I. Change of correspondence CFR 1.363). Change of correspondence CFR 1.363). Change of correspondence PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Pfizer, Inc. Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No: Advance Order - # o	MINER MARK L ce address or indication of "F dence address (or Change of 22) attached. Ition (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO F s an assignee is identified b in 37 CFR 3.11. Completion IEE e assignee category or categor e enclosed: small entity discount permitt of Copies	ART UNI 1624 Fee Address" (37 F Correspondence eation form se of a Customer BE PRINTED ON Total of this form is NOT (B) Nories (will not be pri 4b.	2. For print (1) the nation or agents (2) the nation registered 2 registered 2 registered at a will apply a substitute (1) RESIDENCIEW YOT!	SO CLASS-SUBCLASS 544-280000 Inting on the patent front paymes of up to 3 registered OR, alternatively, me of a single firm (having attorney or agent) and the depatent attorneys or agent hame will be printed. If (print or type) If (print or type) Interpolation of the fee(s) Individual Fee(s): In the amount of the fee(s)	ge, list patent attorneys g as a member a names of up to ts. If no name is ssignee is identification COUNTRY) Corporation of is enclosed. 2038 is attached by charge the re	I2 Ladas 3 fied below, the	10/26/2005 5 & Parry LLF document has been file
BERCH, 1. Change of correspondence CFR 1.363). Change of correspondence CFR 1.363). Change of correspondence CFR 1.363). "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth it (A) NAME OF ASSIGN Pfizer, Inc. Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No: Advance Order - # of	MINER MARK L ce address or indication of "F dence address (or Change of 22) attached. Ition (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO E s an assignee is identified b in 37 CFR 3.11. Completion IEE e assignee category or categor enclosed: small entity discount permitt f Copies 6 (from status indicated above	ART UNI 1624 Fee Address" (37 F Correspondence eation form se of a Customer BE PRINTED ON Toelow, no assignee coof this form is NOT (B) Nories (will not be pri 4b. ted)	2. For print (1) the nation or agents (2) the nation registered 2 registered 2 registered (3) the nation of the PATENT data will apply a substitute (4) RESIDENCIEW YOT! Inted on the payment of A check Payment of Payment The Directory of the nation of the payment of Payment Deposit Acceptage (1) the nation of the payment of Payment of Payment The Directory of the nation of the payment of the nation of the payment of the nation of the payment of the nation of th	SO CLASS-SUBCLASS 544-280000 Inting on the patent front paymes of up to 3 registered OR, alternatively, me of a single firm (having attorney or agent) and the depatent attorneys or agent hame will be printed. If (print or type) Dear on the patent. If an a for filing an assignment. CE: (CITY and STATE OR C, NY Deatent): Individual Fee(s): In the amount of the fee(s) By credit card. Form PTO-ector is hereby authorized ount Number	ge, list patent attorneys g as a member a names of up to ts. If no name is ssignee is identification COUNTRY) Corporation of is enclosed. 2038 is attached by charge the re	12_Ladas 3 fied below, the r other private g	10/26/2005 5 & Parry LLF document has been filed roup entity Government Government any overpayment copy of this form).
BERCH, 1. Change of correspondence CFR 1.363). Change of correspondence CFR 1.363). Change of correspondence CFR 1.363). "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth it (A) NAME OF ASSIGN Pfizer, Inc. Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No: Advance Order - # of the properties of the p	MINER MARK L ce address or indication of "F dence address (or Change of 22) attached. Ition (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO B s an assignee is identified b in 37 CFR 3.11. Completion IEE e assignee category or categor enclosed: small entity discount permitt f Copies 6 (from status indicated above MALL ENALTY status. See	ART UNI 1624 Fee Address" (37 f Correspondence eation form se of a Customer BE PRINTED ON T below, no assignee of of this form is NOT (B) Nories (will not be pri 4b. 137 CFR 1.27.	2. For print (1) the nation or agents (2) the nation of the part o	SO CLASS-SUBCLASS 544-280000 Inting on the patent front paymes of up to 3 registered OR, alternatively, me of a single firm (having attorney or agent) and the depatent attorneys or agent name will be printed. I (print or type) Dear on the patent. If an a for filing an assignment. CE: (CITY and STATE OR C, NY Deatent): Individual Fee(s): In the amount of the fee(s) by credit card. Form PTO-ector is hereby authorized ount Number Evant is no longer claiming S	ge, list patent attorneys g as a member a names of up to ts. If no name is ssignee is identification COUNTRY) Corporation of is enclosed. 2038 is attached by charge the re (6)	I2 Ladas 3	10/26/2005 5 & Parry LIF document has been file roup entity Government opy of this form).
BERCH, 1. Change of correspondence CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth i (A) NAME OF ASSIGN Pfizer, Inc. Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No: Advance Order - # o Change in Entity Status a. Applicant claims S	MINER MARK L ce address or indication of "F dence address (or Change of 22) attached. Ition (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO E s an assignee is identified b in 37 CFR 3.11. Completion IEE e assignee category or categor enclosed: small entity discount permitt f Copies 6 (from status indicated above	ART UNI 1624 Fee Address" (37 f Correspondence eation form se of a Customer BE PRINTED ON T below, no assignee of of this form is NOT (B) Nories (will not be pri 4b. 137 CFR 1.27.	2. For print (1) the nation or agents (2) the nation of the part o	SO CLASS-SUBCLASS 544-280000 Inting on the patent front paymes of up to 3 registered OR, alternatively, me of a single firm (having attorney or agent) and the depatent attorneys or agent name will be printed. I (print or type) Dear on the patent. If an a for filling an assignment. CE: (CITY and STATE OR C, NY Deatent): Individual Fee(s): In the amount of the fee(s) by credit card. Form PTO-ector is hereby authorized ount Number Cant is no longer claiming S Ty) or to re-apply any preve other than the applicant; a	ge, list patent attorneys g as a member a names of up to is. If no name is ssignee is identif COUNTRY) Corporation of is enclosed. 2038 is attached by charge the re (6) SMALL ENTITY iously paid issue a registered attorn	l 2 Ladas 3 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10/26/2005 5 & Parry LLI document has been file roup entity ☐ Govern r credit any overpayme copy of this form). CFR 1.27(g)(2). cation identified above, the assignee or other particles.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

THE .